

中药活性成分及复方对肺癌上皮间质转化干预作用的研究进展

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[摘要] 肺癌是全球癌症相关死亡的最主要原因,而肿瘤转移是导致大多数肺癌患者死亡的关键因素。上皮间质转化(EMT)的异常激活是驱动肺癌细胞进展与转移的强大引擎,其特征为高度分化、极化和有序的上皮细胞失去顶端-基底极性和细胞间黏附性,获得运动能力、迁移潜力和侵袭特性,细胞发生细胞骨架重塑,并转变为间质表型,同时伴有细胞标志物的相关变化。EMT过程非常复杂,受包括多种转录因子、翻译后控制、表观遗传修饰和非编码RNA介导等在内的复杂网络的严格调控。因此,针对肺癌恶性转化机制及其相关靶点的治疗在临床上具有重要意义。近年来,EMT作为癌症治疗的潜在靶点,受到了越来越多的关注。中药具有靶点多、不良反应小、治疗效果好等独特特性,在抗癌领域展现出重要作用。针对中药在抑制肺癌EMT过程中的作用,目前已开展了一系列研究。中药活性成分黄酮类、苷类、酚类、萜类、糖类、生物碱类等及中药复方对EMT具有明显的调控作用,其相关机制主要涉及信号通路、外泌体、微小核糖核酸(miRNA)、肿瘤相关免疫微环境等多途径、多靶点、多环节。文章总结EMT促进恶性肿瘤进展中的机制,对中药活性成分、单体和复方通过抑制EMT进而抑制肺癌细胞侵袭的研究现状进行总结,以期为基础和临床转化研究提供较为全面的理论资料。

[关键词] 肺癌; 上皮间质转化; 中药; 机制; 研究进展

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Interventional Effect of Active Ingredients of Chinese Medicine and Compound Formulas on Epithelial-mesenchymal Transition in Lung Cancer: A Review

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[Abstract] Lung cancer is the leading cause of cancer-related deaths worldwide, and tumor metastasis is a key factor contributing to the mortality of most lung cancer patients. Aberrant activation of epithelial-mesenchymal transition (EMT) is a major driver of lung cancer progression and metastasis. EMT is characterized by the loss of apical-basal polarity and intercellular adhesion in highly differentiated, polarized, and organized epithelial cells, which acquire motility, migratory potential, and invasive properties. During this process, cells undergo cytoskeletal remodeling and transform into a mesenchymal phenotype, accompanied by associated changes in cellular markers. The EMT process is highly complex and is tightly regulated by intricate networks involving multiple transcription factors, post-translational controls, epigenetic modifications, and non-coding RNAs. Therefore, therapies targeting the mechanisms of malignant transformation and their associated pathways in lung cancer are of significant clinical importance. In recent years, EMT has attracted increasing attention as a potential target for cancer therapy. Chinese medicine, with its characteristics of multi-target action, low side effects, and good therapeutic efficacy, has demonstrated an important role in anticancer treatment. A series of studies have investigated the role of Chinese medicine in inhibiting EMT in lung cancer. Active ingredients of Chinese medicine, including flavonoids, glycosides, phenols, terpenoids, saccharides, and

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alkaloids, as well as Chinese medicine compound formulas, have shown significant regulatory effects on EMT. Their mechanisms mainly involve multiple pathways, targets, and links, including signaling pathways, exosomes, microRNAs (miRNAs), and the tumor-associated immune microenvironment. This article summarizes the mechanisms by which EMT promotes malignant tumor progression and reviews the current research on how Chinese medicine active ingredients, monomers, and compound formulas inhibit EMT and suppress lung cancer cell migration and invasion. This study is expected to provide comprehensive theoretical information for basic and translational research on lung cancer.

[Keywords] lung cancer; epithelial-mesenchymal transition; Chinese medicine; mechanism; research progress

肺癌作为全球发病率和死亡率最高的恶性肿瘤,对人类健康构成巨大威胁。调查显示60%~75%肺癌患者初诊时即已进展至局部晚期(Ⅲ期)或转移阶段(Ⅳ期),其中33%~40%的发生肝转移,15%~43%发展为脑转移,19%~33%发生骨转移,晚期患者5年生生存率不足20%^[1]。有转移的肺癌患者平均存活时间比没有转移的肺癌患者少8个月以上,直接导致治疗难度的显著增加及普遍较差的预后^[2-3]。上皮间质转化(EMT)是肿瘤细胞发生转移的重要特征^[4]。当肿瘤细胞在复杂的分子信号通路作用下发生EMT时,上皮细胞的极性丧失,相互黏附的能力减弱,运动能力增强,获得更强的侵袭能力,使肿瘤细胞脱离原始肿瘤灶,侵入周围组织和血管^[5-6]。EMT的可逆性特征为肿瘤干预提供重要靶点^[7]。现有西医治疗对晚期转移患者存在疗效局限性与耐药性问题,中医药多成分、多靶点特性在逆转EMT中展现独特优势,探索中医药调控EMT的作用机制,对开发新型抗转移策略、改善患者预后具有重大临床价值^[8-9],目前中药及其有效化学成分的提取对于肺癌细胞EMT的调节作用经由多项研究加以验证及证实,在抑制肺癌细胞的侵袭及转移中具有巨大的应用前景,现就中药活性成分及复方对肺癌上皮间充质转化干预作用作一概述,为进一步研究中医学影响癌症EMT的确切机制奠定了基础。

1 肺癌上皮间充质转化发生机制

1.1 EMT的特征性改变及其关键调控分子 EMT发生的特征性改变标志是上皮细胞失去极性,骨架发生改变,E-钙黏蛋白(E-cadherin)表达下调,间充质标志物如 β -连环蛋白(β -catenin)、N-钙黏蛋白(N-cadherin)、波形蛋白(Vimentin)、纤维连接蛋白(FN)和 α -平滑肌肌动蛋白(α -SMA)等的表达上调^[10]。EMT过程涉及多种基因调控包括蜗牛家族转录抑制因子1/2(Snail1/2)、锌指E盒结合同源蛋白1/2(ZEB1/2)、Vimentin、转化生长因子- β (TGF- β)、扭曲蛋白(Twist)、SRY盒转录因子(SOX)、紧密连接蛋白-1(ZO-1)等间质基因的上调及E-cadherin等上皮基因的下调^[11-12]。Snail、ZEB1/2等基因的上调与抑制E-cadherin基因的转录表达有关^[13],Twist1又直接参与N-cadherin基因表达的上调,导致其转录激活^[14],是EMT的关键调节因子。另外叉头框蛋白C2(FoxC2)也是上皮细胞间质转化过程中的诱导因子,可通过激活丝裂原活化蛋白激酶/细胞外信号调节激酶(MAPK/ERK)信号通路诱导EMT^[15]。

1.2 信号通路在肿瘤EMT调控中的作用 肿瘤细胞发生EMT是受多个信号通路调控的,磷脂酰肌醇3-激酶(PI3K)、蛋白激酶B(Akt)、Wnt/ β -连环蛋白(Wnt/ β -catenin)信号通

路、Notch信号通路、Hippo信号通路、Hedgehog信号通路、核转录因子- κ B(NF- κ B)等信号通路传导途径的异常激活,并通过控制组蛋白乙酰化、下调E-cadherin表达及上调 β -catenin、FN、Vimentin、N-cadherin表达促进EMT的发生,进而诱导人肺癌细胞发生侵袭转移^[16-18]。Wnt/ β -catenin信号通路是启动癌细胞EMT的经典信号通路, β -catenin是Wnt/ β -catenin细胞信号传导途径的重要基因,阻断该信号传导可以逆转EMT^[19]。Notch信号通路中Notch受体与配体结合后,释放出Notch胞内结构域(NICD),入核并调节下游靶基因的转录,促进EMT^[20]。TGF- β 是诱导肿瘤细胞发生EMT的关键信号因子,通过Smad依赖性和非依赖性途径上调节Snail和Twist等基因表达,是EMT发生的主要诱导物^[21]。

1.3 微小核糖核酸(miRNA)、外泌体和MMPs在EMT中的调控作用 miRNA与EMT密切相关,通过调控EMT相关标记物的表达或相关信号通路促进EMT过程^[22]。外泌体携带蛋白质、核酸等分子,通过Wnt/ β -catenin、ERK、Hippo等信号通路激活EMT,促进肿瘤侵袭和转移^[23-24]。基质金属蛋白酶(MMPs)在EMT进程中发挥重要作用,能够通过降解细胞外基质(ECM)中的多种成分打通癌细胞侵袭转移路径,多项研究指出MMP-2、MMP-9、MMP-3、MMP-8、MMP-11等MMP家族蛋白酶高表达与肿瘤的增殖、侵袭和转移紧密相连^[25]。见图1。

2 单味中药及成分在肺癌EMT转化的作用

2.1 黄酮类 在MMPs中,MMP-2和MMP-9在降解ECM的多个关键组分中尤其重要。葛根的提取物葛根素可抑制侵袭转移相关基因MMP-2和MMP-9的表达有关,进而抑制肿瘤坏死因子- α (TNF- α)对小细胞肺癌细胞H446迁移和侵袭的促进作用^[26]。葫芦巴、山楂等中药材中的提取物牡荆素可以上调胱天蛋白酶(Caspase)-3、Caspase-9、B细胞淋巴瘤-2(Bcl-2)和Bcl-2相关X蛋白(Bax)的基因表达,同时抑制MMP-2、MMP-9蛋白表达,显著抑制肺癌细胞增殖、迁移和侵袭,促进细胞凋亡^[27]。黄芩的提取物汉黄芩素可通过调控miRNA-135b-3p靶向无眼同源框蛋白4(SIX4)抑制TGF- β 1诱导的A549细胞EMT转化,且增加A549细胞中E-cadherin表达,降低N-cadherin、Vimentin、Snail、Twist表达,阻断信号转导子和转录激活因子3(STAT3)信号通路的激活,降低细胞的侵袭迁移能力^[28-29]。又有研究证明黄芩素、黄芩苷可通过阻断细胞内的PI3K/Akt/NF- κ B信号通路,抑制抗凋亡基因的表达,诱导肺癌A549细胞自噬,下调间质细胞标志物的表达,上调上皮标志物的表达,抑制EMT,另外黄芩素处理可下调A549和H1299细胞中Notch1和发状分裂相关增强子-1(HES-1)的表达来抑制Notch信号通路,

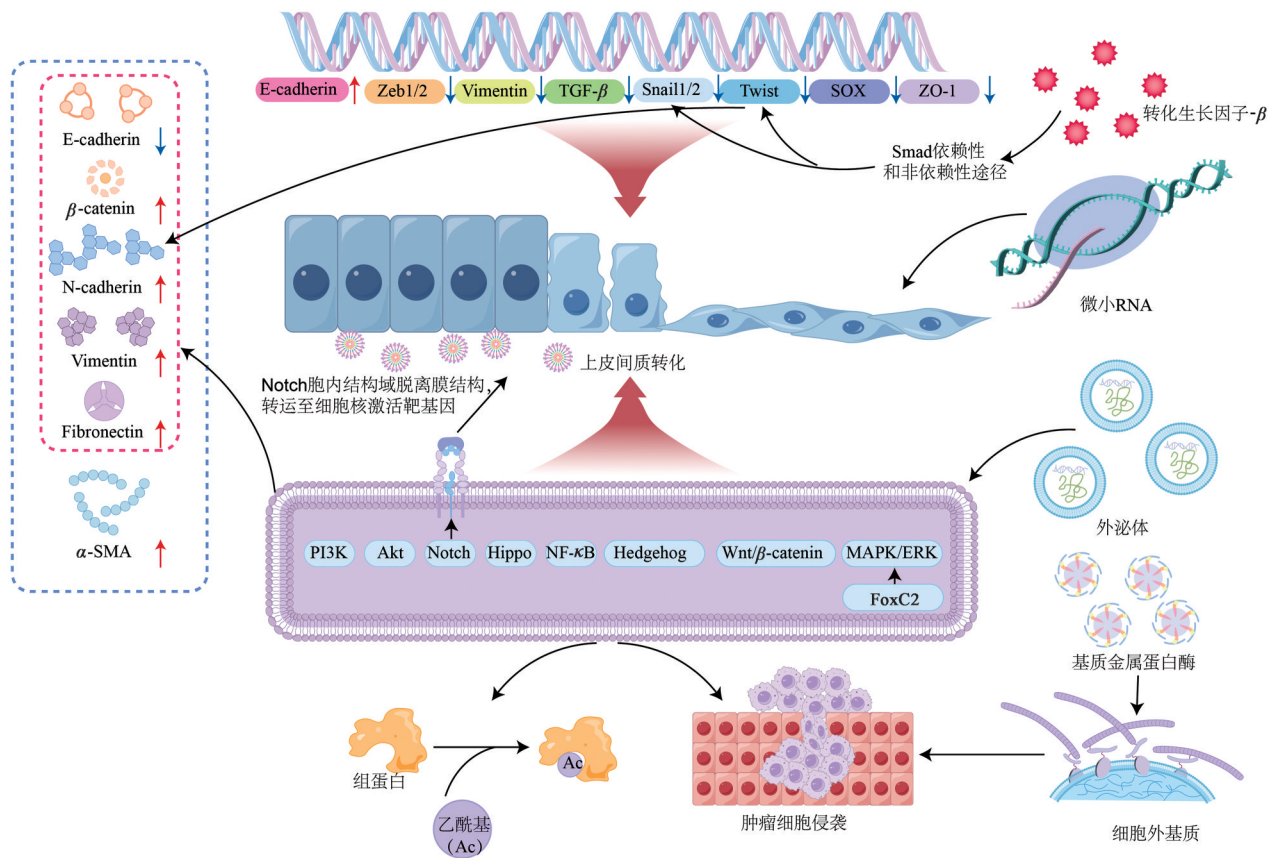


图1 肺癌EMT转化病理机制

Fig. 1 Pathological mechanism of epithelial-Mesenchymal transition (EMT) in lung cancer

抑制EMT的发生^[30-32]。细颗粒物(PM_{2.5})有机提取物能激活肺癌细胞A549的EMT过程,释放EMT诱导因子TGF-β₁,鹰嘴豆芽素A可有效逆转这一过程。鹰嘴豆芽素A可以抑制C-X-C趋化因子配体(CXCL)12及其受体CXCL4的释放和转录,降低TGF-β₁的释放量,又可通过阻断PI3K/Akt信号通路上调E-cadherin和β-catenin的表达,同时抑制N-cadherin、Vimentin和Fibronectin及负性调节因子Snail的表达,降低MMP-2和MMP-9的活性,抑制肺癌EMT过程^[33]。橙皮苷能够降低α-SMA、MMP-9水平和MMP-9/组织金属蛋白酶抑制剂-1(TIMP-1)值,增加E-cadherin水平,减轻TGF-β₁诱导的非小细胞肺癌细胞的EMT程度,抑制非小细胞肺癌的转移和扩散^[34]。木犀草素能够逆转TGF-β₁诱导肺癌A549细胞的EMT,抑制肺癌细胞的侵袭和转移^[35]。槲皮素能抑制非小细胞肺癌H3122细胞的增殖和迁移,减少表皮生长因子(EGF)和肝细胞生长因子(HGF)分泌,降低Snail表达,增强E-cadherin的mRNA转录水平,并减少Fibronectin和Vimentin蛋白表达,同时提升ZO-1蛋白表达来抑制EMT^[36]。臭牡丹总黄酮通过调控EMT的相关蛋白逆转β-catenin诱导的EMT,在体内外均对A549肺癌细胞具有抑制增殖作用^[37]。

2.2 酚类 姜黄素是一种可通过多途径抑制EMT的天然酚类化合物,可通过PI3K/Akt/哺乳动物雷帕霉素靶蛋白(mTOR)信号通路呈剂量依赖性逆转TGF-β₁介导的肺癌A549细胞发生EMT,抑制E-cadherin下调,显著降低

N-cadherin和Vimentin表达,降低非小细胞肺癌的侵袭迁移能力^[38]。姜黄素还可以通过抑制Wnt/β-catenin信号通路来抑制TGF-β₁诱导的肺腺癌A549细胞EMT,抑制肺癌细胞的迁移侵袭及血管拟态形成的能力^[39]。另外又有研究证明姜黄素能够通过抑制lncRNA HOTAIR的表达以实现抑制EMT过程^[40]。白藜芦醇可以抑制CL1-5和A549肺腺癌细胞中miR-520h介导的信号级联反应,进而可抑制FoxC2表达,从而抑制EMT、细胞运动、转移^[41]。另外白藜芦醇可增加肺癌A549细胞中E-cadherin、减少Fibronectin和Vimentin及转录因子Snail1和Snail2(Slug)的表达等抑制TGF-β₁诱导肺癌细胞的EMT^[42]。绿茶中的主要成分表没食子儿茶素没食子酸酯能够抑制ZEB1、Snail1、Snail2和Twist等转录因子的激活,并减少磷酸化(p)-Smad2和p-ERK1/2的水平,从而抑制非小细胞肺癌A549和NCI-H1299细胞的EMT过程^[43]。

2.3 萜类和苷类 藜香提取物广藜香酮可以通过下调MMP-2、MMP-9、增殖细胞核抗原(PCNA)、Vimentin、Bcl-2和上调Bax、剪切的(cleaved)Caspase-3蛋白表达,来抑制肺癌PC9细胞的增殖、侵袭和迁移能力,并诱导细胞凋亡^[44]。桦木酸能够直接与Skp1-Skp2蛋白复合体中Skp2蛋白的结合口袋内的Lys145位点相互作用,进而抑制Skp2-SCF E3泛素连接酶的活性,阻断Skp2对E-cadherin蛋白的泛素化过程,减缓对E-cadherin的降解,降低非小细胞肺癌细胞的侵袭能力^[45]。熊果酸可以通过抑制HGF/细胞间质上皮转换因

子(c-MET)信号通路,抑制肺癌细胞的增殖、侵袭和EMT进程,同时阻断血管生成^[46]。M1型肿瘤相关巨噬细胞(M1-TAM)具有强大的抗原呈递能力,可诱导强烈的Th1型免疫反应。通过提高肿瘤微环境中M1-TAM的比例,可以有效抑制M2型肿瘤相关巨噬细胞(M2-TAM)的促肿瘤作用,进而抑制肿瘤细胞的EMT和侵袭。毛利亚木犀草茎皮的提取物白桦酸能够通过mTOR信号通路促使TAM复极化,减少CD206阳性巨噬细胞的数量,提高肿瘤微环境中M1/M2-TAM的比例,抑制EMT,对抗非小细胞肺癌的增殖和侵袭^[47]。三七皂苷可呈剂量依赖性上调上皮标志物E-cadherin的表达并抑制Fibronectin、Vimentin等间质标志物的表达抑制或逆转EMT^[48]。薯蓣皂苷是穿山龙的提取物,可以通过逆转由高糖诱导的肺癌A549细胞的EMT进程,抑制高糖诱导的肺癌增殖、侵袭及转移^[49]。柴胡皂苷D可以通过抑制Wnt/ β -连环蛋白信号传导通路负向调节EMT^[50]。

2.4 生物碱类和醛类 苦参可以抑制吉非替尼诱导的非小细胞肺癌耐药细胞(PC9/ZD)中Vimentin及N-cadherin的表达,增加E-cadherin表达,逆转PC9/ZD细胞发生EMT^[51]。研究显示苦参碱为苦参中的有效成分,依赖PTEN/PI3K/Akt信号通路调控非小细胞肺癌A549和H1650细胞EMT过程,进而抑制肿瘤的进展^[52]。白英甙体生物碱通过抑制Janus激酶2/信号转导子和转录激活因子3(JAK2/STAT3)信号通路的磷酸化和EMT过程使A549细胞外泌体有了显著体外转移抑制活性,抑制肿瘤转移的活性^[53]。防己诺林碱通过抑制还原型烟酰胺腺嘌呤二核苷酸磷酸氧化酶4(NOX4)产生的活性氧(ROS)来阻断Akt/mTOR信号通路,进而抑制肺癌细胞的EMT过程^[54]。龙葵提取物澳洲茄碱可通过下调Snail1、Snail2和ZEB1的表达抑制N-cadherin、Vimentin的表达,促进E-cadherin的表达,逆转EMT进程,抑制A549细胞的增殖与转移^[55]。高浓度黄连素可下调A549细胞内HK2的表达进而抑制肺癌细胞糖酵解活性,降低EMT,抑制A549细胞侵袭和迁移能力^[56]。蝙蝠葛诺林碱可以逆转EMT和Notch-1,抑制人非小细胞肺癌细胞的侵袭^[57]。肉桂醛能够通过终止Wnt/ β -catenin途径抑制EMT,从而抑制非小细胞肺癌细胞增殖^[58]。

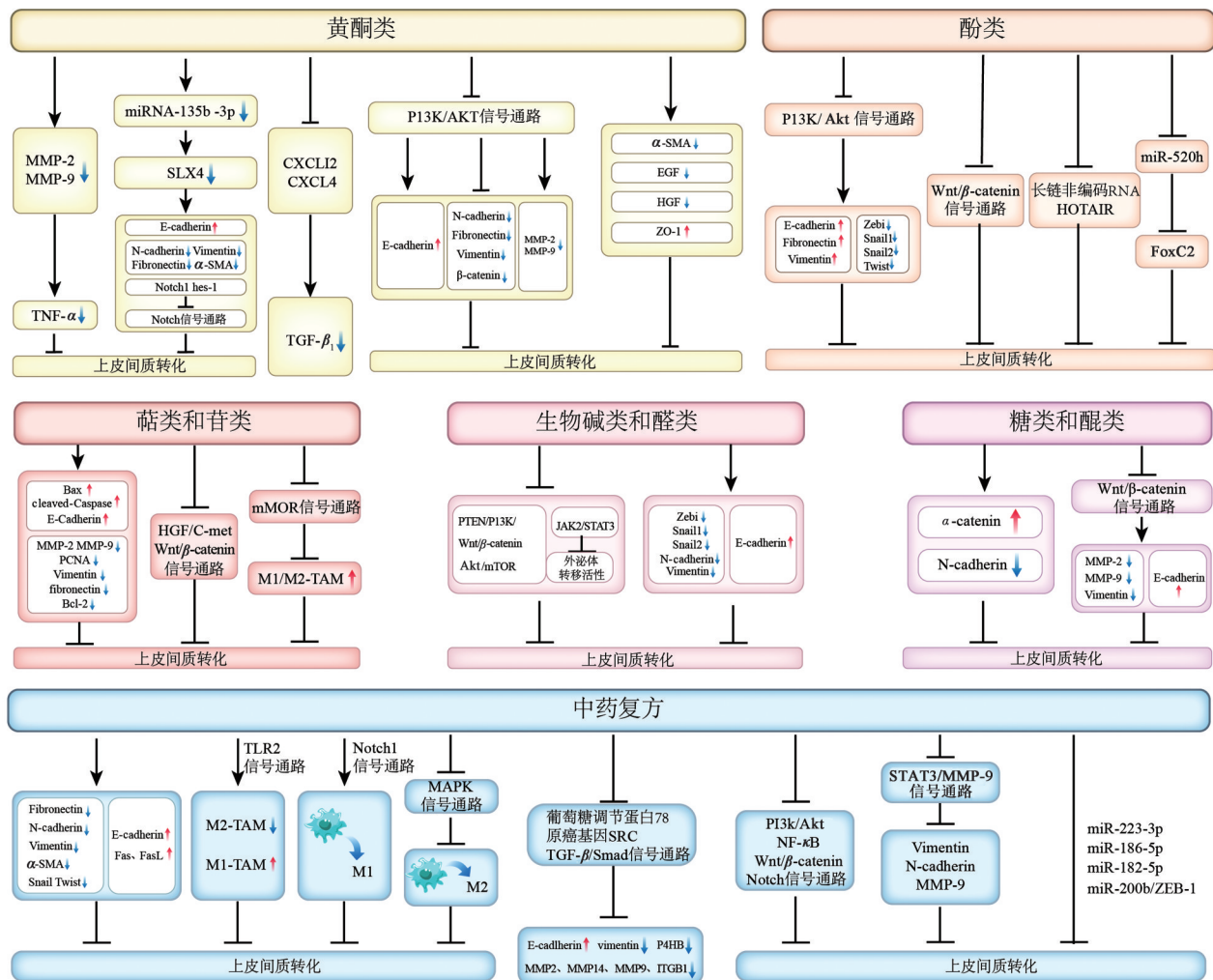
2.5 糖类和醌类 黄芪多糖可显著抑制肺癌细胞的EMT转化。通过干预体内肺腺癌细胞的EMT分子标志物,从基因和蛋白水平都能够使 α -连环蛋白(α -catenin)蛋白表达升高,使N-cadherin表达降低,抑制TGF- β_1 诱导的肺腺癌耐顺铂细胞株A549及吉非替尼获得性耐药肺腺癌PC9细胞的生长和转移^[59-60]。刺五加多糖通过Wnt/ β -catenin信号通路抑制MMP-2、MMP-9和Vimentin的表达,并增加E-cadherin的表达,有效抑制非小细胞肺癌NCI-H520细胞的EMT过程^[61]。紫草素能逆转由HGF诱导的肺癌PC9细胞EMT,抑制其迁移和侵袭^[62]。

2.6 其他 研究发现,千金子可作用于Akt信号通路,下调细胞增殖核抗原(PCNA)、增殖标志物Ki-67、MMP-2等蛋白的表达,抑制肺癌A549细胞的侵袭和转移^[63]。方剂配伍现代化研究中,丹参总酚酸、人参总皂苷、人参多糖组成的优化组分复方是活血化痰配伍代表成分,其可通过与Akt蛋白直

接结合,抑制Akt/GSK-3 β /p-catenin信号通路活性抑制肺癌的细胞增殖、侵袭、转移和EMT^[64]。藤黄酸属于笼状咕吨酮类化合物,对TGF- β 诱导后的EMT信号通路中E-cadherin等相关蛋白表达的影响显著抑制人肺腺癌A549细胞的增殖、迁移和侵袭^[65]。牡丹皮提取物为丹皮酚、总苷和多糖提取物按照一定比例形成的组合物,可通过显著抑制TGF- β_1 诱导的MRC-5细胞中E-cadherin表达的下调及Fibronectin与胶原蛋白I(Col I)表达的上调,抑制EMT的进展^[66]。冬虫夏草能抑制TGF- β_1 诱导肺泡组织中Smad3的表达^[67],上调Smad7表达^[68],而后者是抑制TGF- β_1 诱导的信号通路活化的重要因子,通过多种途径抑制TGF- β_1 诱导的EMT反应。北沙参石油醚提取物能够有效抑制TGF- β_1 诱导的A549肺泡上皮细胞的EMT过程。具体表现为抑制Col I、Vimentin和 α -SMA的表达,并增加E-cadherin的表达^[69]。党参乙酸乙酯提取物通过调节TGF- β_1 诱导的EMT过程中的关键蛋白表达,可有效抑制A549细胞的EMT和迁移^[70]。地黄是环烯醚萜类苷、低聚糖和多糖提取物按照一定比例形成的组合物,通过抑制TGF- β_1 信号转导通路及MMP-9降解细胞外基质作用,可有效抑制人肺泡上皮细胞A549的EMT^[71]。何首乌醇提取物通过抑制Smad2和ERK1/2信号通路,抑制TGF- β_1 诱导的A549细胞上皮间质转化^[72]。白山毛桃根提取物抑制EMT过程中,通过下调miR-182-5p的表达水平,上调抑癌基因原钙黏蛋白10(PCDH10)的表达水平,进而抑制非小细胞肺癌细胞H1299增殖与侵袭^[73]。白花蛇舌草乙醇提取物使肺腺癌耐药细胞株(A549/DDP)对顺铂的耐药倍数下降近一半,对顺铂的敏感性增加近两倍,并显著降低多药耐药相关蛋白的表达,进而可能影响EMT相关过程^[74]。见图2。

3 中药复方在肺癌上皮间充质转化的作用

多项研究表明,肺岩宁方可能通过下调Fibronectin、N-cadherin及转录因子Snail、Twist基因的表达,上调E-cadherin,抑制EMT的发生^[75-76]。抑肺饮含药血清可上调E-cadherin,下调Vimentin的表达,抑制NF- κ B p65的磷酸化水平及其启动子活性,显著影响肺癌A549细胞的EMT过程。抑肺饮又能抑制靶基因B细胞淋巴瘤-x1(Bcl-xL)和细胞周期蛋白D₁(CyclinD₁) mRNA表达,进而影响肺癌A549细胞的增殖及侵袭能力。此外,还可通过调节Toll样受体2(TLR2)信号通路,能够调节趋化因子配体(CCL)2和CCL5的表达,逆转TAM的表型和浸润,减少M2-TAM的数量,增加M1-TAM的数量,从而影响EMT相关信号通路^[77-78]。多项研究证明益气除痰方可能通过抑制葡萄糖调节蛋白78(GRP78)、TGF- β /Smad、原癌基因肉瘤基因(SRC)、MAPK等多条途径发挥上调E-cadherin、下调Vimentin的作用,同时可减少MMP-2、MMP-14的分泌,进而逆转肺癌A549细胞EMT。此外,体外研究显示益气除痰方含药血清作用于缺氧诱导的A549人肺腺癌细胞,也可明显降低Vimentin及脯氨酸4-羟化酶 β 亚基(P4HB)表达,抑制EMT的发生^[79-81]。芪冬宁方可以通过上调E-cadherin表达,下调Vimentin、Twist、Snail、N-cadherin等表达,抑制肺癌95-D、A549细胞的EMT进程,又可以通过下调MMP-2、MMP-9,抑制MMPs对



注: PIEN. 磷酸酶和张力蛋白同源物; ITGB1. 整合素 β_1 ; Fas.Fas 死亡受体; FasL.Fas 配体; P4HB. 脯氨酸 4-羟化酶 β 亚基

图 2 中药活性成分及复方治疗肺癌上皮间质转化作用机制

Fig. 2 Mechanisms of TCM-derived active components and herbal formulations in inhibiting EMT for lung cancer therapy

细胞外基质的降解作用来抑制肺癌细胞发生侵袭转移^[82]。肺金生方可通过上调 Notch1 信号通路, 调控巨噬细胞向 M1 型极化抑制 A549 细胞的增殖与迁袭^[83]。扶正祛邪方对 TGF- β_1 诱导人腺癌 A549 细胞 EMT 有抑制作用, 可抑制 Col I 诱导 TGF- β_3 mRNA 表达, 进而抑制 Smad2/3 的磷酸化, 减少 Snail 蛋白的表达, 上调 E-cadherin 蛋白表达, 下调 N-cadherin 蛋白表达^[84]。固本解毒方含药血清作用于肺癌 A549 细胞通过抑制 PI3K/Akt 信号通路抑制肿瘤细胞的 EMT^[85]。扶正抗癌方通过抑制 STAT3/MMP-9 信号通路, 介导下游 Vimentin、N-cadherin 及 MMP-9 的表达, 下调 Vimentin 和 N-cadherin 的表达, 抑制肺癌 A549、PC9、H1650 细胞的侵袭迁移, 逆转 EMT 发生^[86]。有研究发现吉非替尼联合除痰解毒方比单用吉非替尼效果更佳, 能延缓靶向耐药的发生, 其机制与上调 H1975 细胞裸鼠移植瘤中 E-cadherin、下调 Snail 和 Vimentin 表达, 进而逆转 EMT 有关^[87]。另外益肺散结丸和吉非替尼联合可协同抑制肺癌 PC9 细胞的迁移和侵袭, 研究发现其机制与抑制表皮生长因子受体/磷酸化

p38 丝裂原活化蛋白激酶/糖原合成酶激酶 3 β (EGFR/p-p38 MAPK/GSK3 β) 信号轴进而抑制下游 EMT 过程有关^[9]。益肺解毒汤下调 Wnt/ β -catenin 通路能抑制缺氧诱导的 A549 细胞的形态变化、侵袭及迁移能力, 抑制缺氧诱导的 EMT 的发生^[88], 也可以通过 FAT4 激活自噬, 诱导细胞凋亡并抑制 EMT 及 A549 细胞的侵袭和迁移^[89]。解毒复正汤亦可通过 Wnt/ β -catenin 通路下调 E-cadherin 并上调 N-cadherin、Vimentin 和 β -catenin 表达^[8], 同时可通过调节 miR-223-3p 并靶向调控转化生长因子 β 受体 3(TGFR3) 及其下游 EMT 相关指标的表达来实现对肺癌 A549 细胞的侵袭迁移的抑制作用^[90]。槐耳发酵后热水提取物槐耳清膏能够明显抑制人非小细胞肺癌 NCI-H1299 细胞的增殖能力, 其发生机制可能与抑制 MAPK 信号通路有关, 逆转 EMT 进程抑制其转移能力^[91]。温下方通过下调 pJAK3 表达, 抑制 STAT6 磷酸化, 减少过氧化物酶体增殖物激活受体 γ (PPAR γ) 表达阻止巨噬细胞向 M2 型极化, 从而减少 M2-TAM 的数量并抑制肺癌 A549 细胞侵袭转移^[92]。固肺消积饮可通过上调外泌体 miR-186-5p 表达抑制

肺癌A549细胞迁移和侵袭^[93]。miR-182-5p在肺癌表达异常增高,内皮PAS结构域蛋白1(EPAS1)是miR-182-5p可能的靶基因之一,软坚散结方可能通过下调miR-182-5p的表达,上调EPAS1基因抑制EMT^[94]。回生口服液可经miR-200b/锌指E盒结合同源蛋白-1(ZEB-1)信号环路,抑制肺癌细胞EMT^[95]。六君子汤含药血清是通过降低TGF- β_1 介导的A549细胞MMP-9和整合素 β_1 蛋白(ITGB1)的表达改善A549细胞的侵袭转移^[96]。芪玉三龙方可通过Wnt5a/ β -catenin信号通路逆转EMT,抑制肺癌细胞增殖和转移^[97]。补阳还五汤通过上调E-cadherin、Snail、N-cadherin、Vimentin的mRNA和蛋白水平,抑制EMT通路关键因子表达,减少信号传导,进而调控肺癌H460细胞增殖与凋亡^[98]。近来研究表明,天龙咳喘灵提取物通过下调Notch信号通路,上调E-cadherin表达,下调Fibronectin表达,抑制TGF- β_1 诱导的人肺腺癌A549细胞EMT^[99]。补肺汤通过抑制TGF- β_1 诱导A549细胞的EMT,从而抑制其恶性表型^[100]。补中益气汤含药血清通过影响Fas死亡受体/Fas配体(Fas/FasL)信号通路,同时上调相关凋亡蛋白Fas、FasL表达,促进细胞凋亡,影响肿瘤细胞耐药性,可逆转非小细胞肺癌耐药细胞EMT^[101]。芪连扶正胶囊可通过NF- κ B通路逆转TGF- β 介导的EMT作用防止肺腺癌肿瘤转移^[102]。肺复康能够通过上调E-cadherin、下调Vimentin的表达从而阻碍肺癌EMT的发生,进而抑制肿瘤的侵袭和转移^[103]。加味四君子汤可通过Akt/GSK-3 β 通路抑制NSCLC细胞EMT^[104]。益肺通络方可通过Akt/ERK1/2和TGF- β_1 /Smad2通路抑制Lewis肺癌小鼠肿瘤的血管生成和EMT^[105]。中药复方组成及其抑制EMT相关机制表见增强出版附加材料。

4 结语

肺癌是全球发病率和死亡率最高的癌症,因其高复发率和高转移率严重威胁人类生命健康,EMT促进肿瘤细胞的侵袭和转移,如何有效抑制肺癌的EMT是目前研究热点。中医药价格低廉、毒副作用小,在抑制肺癌的EMT方面具有广阔的医学应用前景。但仍然存在一些不足和挑战:(1)中药化学成分繁多,结构复杂,其提取、分离、纯化和结构解析仍是目前较大的难题。中药复方成分复杂,作用靶点多,药效物质基础难以清晰,导致其临床开发和应用受限。(2)虽然目前中药活性成分研究主要集中在实验领域,但仍需要进一步补充和丰富更多的动物实验来解决提纯、剂量、安全性等问题,促进到实际临床应用中的转化,为进一步开展大量临床试验提供数据支持。(3)现有研究多针对单一方面,对各活性成分的配伍研究相对匮乏,导致认知片面。同一中药单体提取物可以通过多途径、多通路、多靶点等复杂调控机制发挥抑制肺癌EMT的作用,其相互关系与机制尚未完全明晰,这些成分是相互促进还是相互拮抗有待进一步探究。(4)在研究中药单体提取物或中药复方抑制肺癌EMT的作用时,应注重遵循以辨证论治、整体观念为核心的中医理论指导,重视药物的四性五味。(5)未来还需结合网络药理学、分子生物学、系统生物学、人工智能及数据挖掘技术等多学科知识,从多角度、多层次深入探究分析中药活性成分逆转EMT的生物学机制及科学性,明晰中药活性成分抑制EMT的

关键靶点和信号通路,以实现精准防治。

[利益冲突] 本文不存在任何利益冲突。

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